

**CHANGE OF
CORRESPONDENCE ADDRESS
*Patent***

Address to:

Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Patent Number	6,987,331
Issue Date	1/17/2006
Application Number	09/944,791
Filing Date	8/31/2001
First Named Inventor	Paul Frederick Koeppe et al.
Attorney Docket Number	30020-145001

Please change the Correspondence Address for the above-identified patent to:

 The address associated with Customer Number

69713

OR Firm or
Individual Name**Address**

City

State

ZIP

Country**Telephone****Email**

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

- Patentee.
- Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 35,306.

Signature

*Frank R. Occhiuti*Typed or
Printed Name

Frank Occhiuti

Date

August 11, 2008

Telephone

617 500 2500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

47583.doc

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VOLTAGE RECOVERY DEVICE FOR USE WITH A UTILITY POWER NETWORK, the specification of which:

- is attached hereto.
 was filed on August 31, 2001 as Application Serial No. 09/944,791 and was amended on _____
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
09/449,435	November 24, 1999	Pending
09/240,751	January 29, 1999	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Frank R. Occhiuti, Reg. No. 35,306	Eric L. Prahl, Reg. No.: 32,590
Sean P. Daley, Reg. No. 40,978	Paul A. Pysher, Reg. No. 40,780
George Heibel, Reg. No. 42,648	Phyllis K. Kristal, Reg. No. 38,524
Tu N. Nguyen, Reg. No. 42,934	John F. Hayden, Reg. No. 37,640
Faustino A. Lichauco, Reg. No. 41,942	Brian J. Colandreo, Reg. No. 42,427
John W. Powell, Reg. No. 36,639	Mary Raynor Jimenez, Reg. No. 37,219

Address all telephone calls to FRANK R. OCCHIUTI at telephone number (617) 542-5070.

Address all correspondence to FRANK R. OCCHIUTI at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, MA 02110-2804

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: PAUL FREDERICK KOEPPE

Inventor's Signature:



Cross Plains, WI

Date: 11/7/01

Residence Address: Cross Plains, WI

Citizenship: United States

Post Office Address: 2825 Brewery Road
Cross Plains, WI 53528

Full Name of Inventor: ARNOLD P. KEHRLI

Inventor's Signature:

Middleton, WI

Date: _____

Residence Address: Middleton, WI

Citizenship: United States

Post Office Address: 3716 Lexington Circle
Middleton, WI 53562

Full Name of Inventor: DONALD L. BROWN

Inventor's Signature:

Las Vegas, NV

Date: _____

Residence Address: Las Vegas, NV

Citizenship: United States

Post Office Address: 5773 Sunny Orchard Lane
Las Vegas, NV 89110

Full Name of Inventor: WARREN ELLIOTT BUCKLES

Inventor's Signature:

Madison, WI

Date: _____

Residence Address: Madison, WI

Citizenship: United States

Post Office Address: 1217 Rutledge Street
Madison, WI 53703

Combined Declaration and Power of Attorney

Page 2 of 3 Pages

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: PAUL FREDERICK KOEPPE

Inventor's Signature:

Residence Address:

Cross Plains, WI

Date:

Citizenship:

United States

Post Office Address:

2825 Brewery Road

Cross Plains, WI 53528

Full Name of Inventor: ARNOLD P. KEHRLI

Inventor's Signature:

Residence Address:

Middleton, WI

Date:

NOV 12, 2001

Citizenship:

United States

Post Office Address:

3716 Lexington Circle

Middleton, WI 53562

Full Name of Inventor: DONALD L. BROWN

Inventor's Signature:

Residence Address:

Las Vegas, NV

Date:

Citizenship:

United States

Post Office Address:

5773 Sunny Orchard Lane

Las Vegas, NV 89110

Full Name of Inventor: WARREN ELLIOTT BUCKLES

Inventor's Signature:

Residence Address:

Madison, WI

Date:

11/12/01

Citizenship:

United States

Post Office Address:

1217 Rutledge Street

Madison, WI 53703

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: PAUL FREDERICK KOEPPE

Inventor's Signature: _____ Date: _____
Residence Address: Cross Plains, WI
Citizenship: United States
Post Office Address: 2825 Brewery Road
Cross Plains, WI 53528

Full Name of Inventor: ARNOLD P. KEHRLI

Inventor's Signature: _____ Date: _____
Residence Address: Middleton, WI
Citizenship: United States
Post Office Address: 3716 Lexington Circle
Middleton, WI 53562

Full Name of Inventor: DONALD L. BROWN

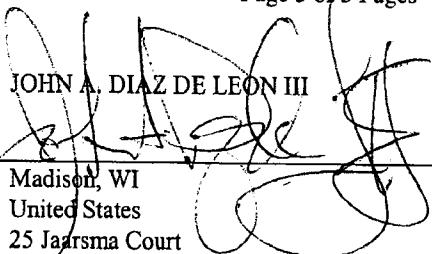
Inventor's Signature:  Date: 11-16-01
Residence Address: Las Vegas, NV
Citizenship: United States
Post Office Address: 5773 Sunny Orchard Lane
Las Vegas, NV 89110

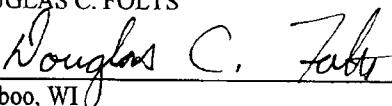
Full Name of Inventor: WARREN ELLIOTT BUCKLES

Inventor's Signature: _____ Date: _____
Residence Address: Madison, WI
Citizenship: United States
Post Office Address: 1217 Rutledge Street
Madison, WI 53703

Combined Declaration and Power of Attorney

Page 3 of 3 Pages

Full Name of Inventor: JOHN A. DIAZ DE LEON III

Inventor's Signature: _____ Date: 12 / Nov - C /
Residence Address: Madison, WI
Citizenship: United States
Post Office Address: 25 Jaarsma Court
Madison, WI 53716

Full Name of Inventor: DOUGLAS C. FOLTS

Inventor's Signature: _____ Date: 12 - Nov - 01
Residence Address: Baraboo, WI
Citizenship: United States
Post Office Address: 430 Third Street
Baraboo, WI 53913